

LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

J. W. HOLLAND, A.M., M.D.,

H. A. COTTELL, M.D.,

} Editors.

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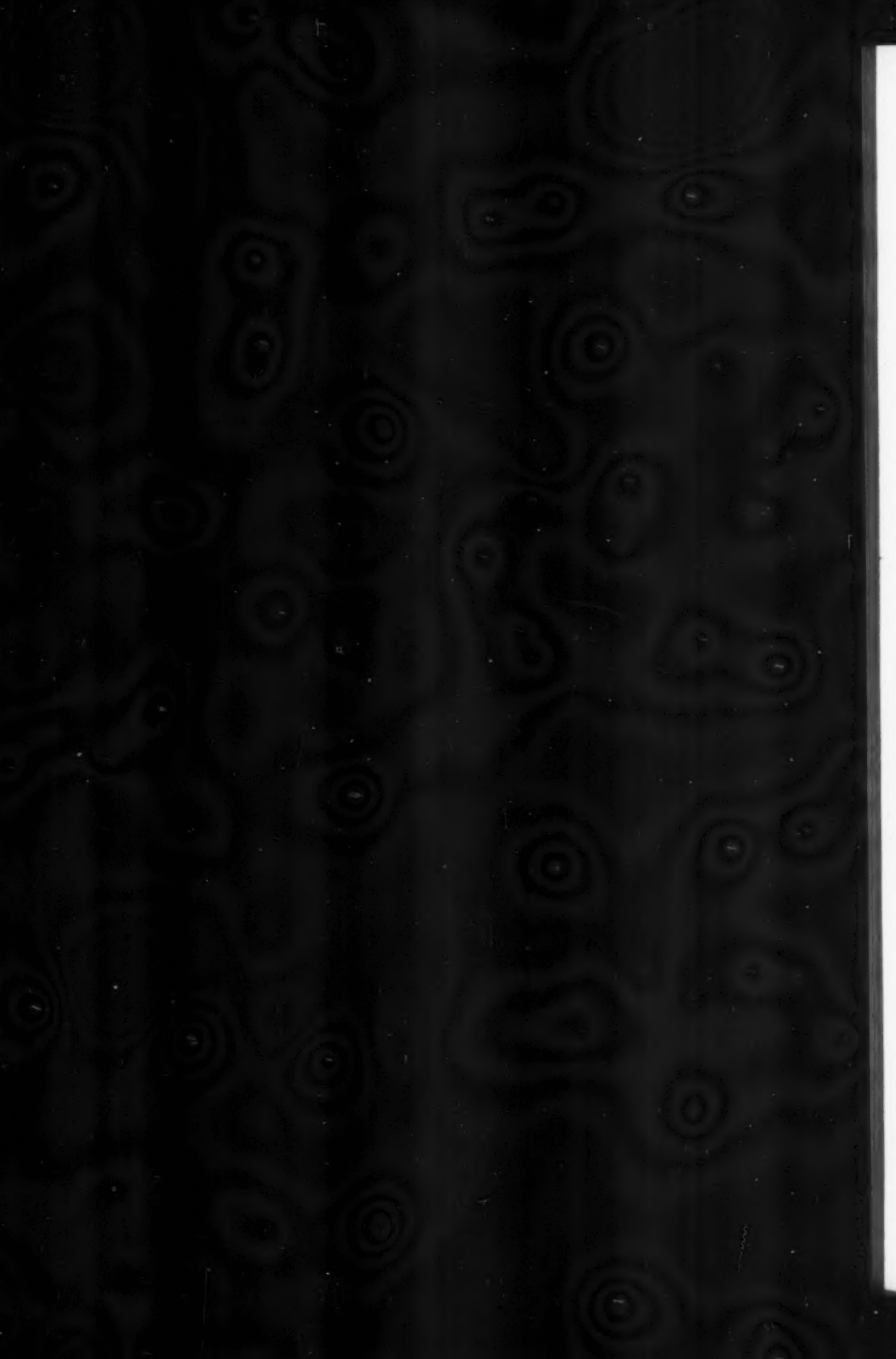
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LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNÂ*."

Vol. XIII.

LOUISVILLE, JANUARY 21, 1882.

No. 3.

J. W. HOLLAND, A. M., M. D., } Editors.
H. A. COTTELL, M. D., }

TO THE PERSON RECEIVING THIS COPY AS A SPECIMEN.

The *News* enters its seventh year January 1, 1882. Its support is assured; its character as a live, accurate, and newsy medical journal well established. Your attention is solicited to the unusual excellence of its paper, type, and press-work. Items, reports of cases and of transactions of local societies will be gratefully received. Your subscription is invited.

SOME OF THE CONSEQUENCES OF PHIMOSIS AND ADHERENT PREPUCE.

The idea that an elongated prepuce is a disadvantage dates back to an early age. According to sacred history, Abraham, at the age of ninety-three, was circumcised as a covenant, and in their turn Israelites and Ishmaelites, his descendants, have practiced it as a religious observance. The Egyptians, while not regarding it as an obligation upon the entire nation, yet established it as a rite for a certain priesthood and particular professions.

Medical interest in the subject received a decided impulse from the reports published by Dr. Lewis Sayre, a few years back, going to show the reflex nervous consequences of genital irritation. Awakened by his paper to the importance of a long foreskin as an etiological factor, other investigators have from time to time recorded facts of a similar bearing. Dr. Barwell, in his *Treatise on the Diseases of the Joints* (page 289), states that he has had forced upon his observation the coincidence of phimosis and hip-disease, which in his experience has been so frequent as to draw from him the opinion

that it is not fortuitous, but is a physiological and potent relation—probably a cause to be ranked along with the strumous diathesis and local injury. His conclusions are based not only upon more than a hundred cases occurring within his own observation, but upon the statement of Mr. Baker, whose experience at the Evelina Hospital indicates that among the Jews hip-disease is comparatively rare. In accounting for the connection between the two, Dr. Barwell points out that phimosed children have "facile, frequent, and often long-continued priapism;" that this unnatural excitement must set up a morbid irritability in the lumbar spinal cord, from which part the nerves of the hip are derived.

The influence exerted by spinal irritation over nutrition are well attested. It is reasonable to suppose that its persistence at an age when large nutritive changes are in progress at this joint must lead to local disturbance.

In Warren's *Treatise on Hernia* just issued there is quoted (page 17) an essay, by Samuel Osborn, F.R.C.S., upon Phimosis as a Cause of Hernia in Infants. This essay was prompted by the frequent occurrence in the author's practice as surgeon in the Surgical Appliance Society of phimosis in combination with rupture in infants. To such an extent has this happened that Mr. Osborn expresses himself as certain that in ten cases seen within a month the phimosis was the undoubted cause of the rupture. He thinks that the contracted preputial orifice offers such an impediment to the outflow of urine that extraordinary efforts of straining are occasioned. These efforts are affected by

the contraction of the abdominal muscles upon the bladder and other viscera, the diaphragm being in a state of tension. In infants the canals through which the testicles have but lately descended constitute weak points in the abdominal wall, and in them the strain forces the bowels out by this line of least resistance. He is in the habit of circumcising these subjects, finding the operation easy of performance at that age and effective in its results.

Again, Mr. Kempe is reported to have found that out of fifty cases of congenital phimosis in thirty-one there was rupture.

In the *Alienist and Neurologist* for October, 1881, Dr. E. W. Saunders reports four cases of reflex gastralgia dependent upon adherent prepuce. The first patient was a child of four, showing extraordinary vigor, who got no relief from paroxysms of pain in the stomach by the usual remedies until the adherent prepuce was loosened. The attacks were now less intense, but when circumcision was performed they entirely disappeared. The second case had corresponding symptoms relieved after years of trouble by separating the adherent prepuce. In neither of these was there any neuropathic tendency inherited. The other cases were of the same nature, though the family history was not so good.

Dr. Saunders considers adherent prepuce a normal condition in infancy. As the child grows, sooner or later in most cases the adhesions are broken up by accident. He thinks that whereas a tight or adherent prepuce does not in the vast majority of cases count as a pathological cause, yet occasionally it does, the reflex continuing undetected till the cause is removed either by accidental separation, which is nature's plan, or by surgical interference.

[TO BE CONTINUED.]

THE death is announced of Prof. Jno. W. Draper, M.D., of New York. He was a rare combination of the philosopher and painstaking experimenter, to whose mind no detail was unimportant.

Original.

SIMULTANEOUS DISLOCATION OF BOTH HIPS—REPORT OF A CASE.

BY W. O. ROBERTS, M.D.,*

Adjunct Professor of Surgery, Medical Department of the University of Louisville.

Gentlemen: The new edition of Holmes's *System of Surgery* (Packard) contains the following, which I take to be a full list of all the cases of this accident so far reported:

Occasionally, but very rarely, both hips are dislocated simultaneously. Hamilton quotes two such cases, one from Gibson and the other from Schinzinger. T. C. Barker reports the case of a boy, aged nineteen, who had both femora dislocated into the thyroid foramina (the left thrust through into the pelvis) by a fall of thirty feet into a sand-bank. H. L. Prichard records that of a boy, aged fifteen, who was "doubled up" under a truck and had both femora luxated upward and backward. Boissonot reports a dislocation of the right femur on the pubis, the left upon the dorsum ilii. Mr. Pollard reports a case in which the left hip was dislocated upward and backward, and the right downward and forward into the thyroid foramen. Dr. Crawford, of Wilkesbarre, also reports a case in which the right was displaced upon the dorsum ilii and the left into the ischiatic notch. Allis records a case in which the right femur was displaced on the dorsum ilii and the left into the thyroid foramen. Packard gives an account of a man who was caught under a falling house, and had the left femur dislocated into the thyroid foramen, the right on the dorsum ilii.

Considering myself fortunate in being able to add to the record one case more of this rare injury, I report the following with the hope that it may present some points worthy of your consideration.

Something less than two years ago J. L., a healthy, well-developed man, aged sixty-five years, while in a stooping position was struck by a falling pile of planks and borne to the ground, the lumber burying him as it fell. The patient was immediately gotten out from among the planks and soon after examined by two physicians, who diagnosed a dislocation of both hips. Subsequently he was taken to his home, where, six hours after the accident, I saw him, in company with the late Prof. Cowling. At this time he was in bed, lying propped with pillows, his body inclining to the left side. His left lower limb was abducted, semi-flexed, and measured five inches longer than the right. The right was adducted, semi-flexed, and rotated inward. Over the site of the joint the left was flattened, while the

* Made before the Third (Ind.) Congressional District Medical Society, May 4, 1881.

right at this point was full and rounded. With the right limb adduction, flexion, and internal rotation were possible; abduction, external rotation, and extension impossible; while with the left, abduction, flexion, and slight external rotation could be made with ease.

Diagnosis: Head of right femur on dorsum ilii; left, in the thyroid foramen.

The patient was then placed on the floor (a situation which I believe has manifest advantages over any other, not only in the management of this dislocation, but in that of the shoulder as well), and both dislocations were reduced by manipulation after Reid's method. The left limb was the first manipulated, and after reduction it was discovered to be still three inches longer than the right. The right dislocation was next reduced, when measurements showed both limbs to be of equal length.

The function of the left limb was soon restored, but in consequence of injury to the great sciatic nerve a partial paralysis supervened in the right. Under the persistent use of massage and electricity the patient slowly recovered the use of this limb, walking on crutches for eighteen months, when he discarded these for a cane, by the aid of which he was able to go about and attend to his work with comparative comfort.

The not uncommon condition of false reduction, where under manipulation the head of the femur slips into the great sciatic notch instead of the acetabulum, was excluded in this case by means of Allis's test. The limbs being found of equal length when measured upon a plane longitudinal to the body, were now brought to right angles with the same; and as no disparity of length was shown by this change in position, the completeness of the reduction in both hips was placed beyond question.

THE SADDLE-BAGS OUTFIT.

BY E. J. K., M.D.

Your country subscribers will not think it amiss if one of their number describes his saddle-bags for their benefit. One of my colleagues considers the saddle-bags a nuisance. I differ decidedly with him; I consider my saddle-bags a good comrade. This may be on account of their arrangement. They are an Elliott's patent. Originally these saddle-bags are defective, but after replacing the loose leather strips by solid tin partitions to hold the bottles, it becomes almost perfect.

My bags contain twenty-four bottles in three spaces; the fourth space is reserved as a curiosity shop. One space has pepsin, sub-nitrate bismuth, calomel, rhubarb, jalap, bromide of potassium, iodide of potassium, and chlorate of potash; another, quinine pills (two-grain), cathartic pills, chloroform, sweet spt. niter, tinct. iron muriate, sulphuric ether, tincture iodine, and quinine; another, fluid ext. ergot, fluid ext. valerian, fluid ext. ipecac, tinct. catechu, tinct. opium, morphine, Dover's powder, and carboic acid. I give the medicines as they are arranged in the partitions. The bottles are labeled and the rubber corks also. For the chloroform I use a common cork, as my first (the rubber one) was dissolved.

The remaining space contains a Nélaton's catheter, a hypodermic syringe, some surgeon's-silk, scissors, some surgeon's-needles, a piece of blue-stone, a spatula, paper, a small vial of oil of mustard for mustard plasters, and an ounce of cinchonidia.

I make a good fever-mixture on my trips thus: A teaspoonful of quinia, a tablespoonful of cinchonidia, thirty drops of tincture of iron, and a tumbler of whisky, providing the house contains whisky. Almost every house contains turpentine, which is one of the country practitioner's most tried friends, answering as an embrocation, a stimulant-poultice, an anthelmintic, a cardiac stimulant, a hemostatic, and what not.

To such of the fraternity as practice among the hills, and whose fees are fifty cents a mile, medicines thrown in, this may not be a bad hint.

FERDINAND, IND.

Correspondence.

NEW YORK LETTER.

Editors Louisville Medical News:

Since my last communication I have made the acquaintance of one of the old landmarks of medicine and surgery of New York. I allude to Professor James R. Wood, M.D., LL.D. He is noted not so much for his age, being only sixty-five, but for his diversified attainments in his profession. He began the practice in New York in 1837, and was soon assigned a position in Bellevue Hospital, and also had the supervision of some other institutions under the charge of the almshouse commissioners. At that time Bellevue did not enjoy much influence as a charity, but was little more than a lodging

for paupers, lunatics, etc., and for diseased depravity of all types. Its accommodations for nursing and care were of the most meager kind, and its wretched inmates were of course very comfortless. To revolutionize this state of things, and place the institution upon an elevated plane as a public charity, required not only tact but great energy. These qualities were possessed in a high degree by Dr. Wood, who proved himself equal to the emergencies of the undertaking. He has been connected with the hospital ever since, and now has the gratification of seeing it taking its rank among the foremost institutions of the kind in the world. For his services he has persistently refused any compensation.

Dr. Wood was persistent in having a museum connected with the hospital, and to encourage the matter presented his fine collection which he had been accumulating for twenty years from his private and hospital practice. This served as a large nucleus for the establishment of a great museum. A building was erected especially for the purpose, and is known as the "Wood Museum." Since that time great additions have been made to it, and it now presents to the looker-on as great a number of fine specimens, both in pathology and comparative anatomy, as can be seen in any institution of the kind in America. He was also among the first in this country to advocate hospital clinical instruction.

In looking through Dr. Wood's office I found a more extensive assortment of surgical instruments than I ever saw in one man's possession. He has four large cases especially for bone operations. He has performed all the varieties of resections as well as nearly every variety of other surgical operations. He performs lithotomy in cases of large stones with the bisector, an instrument which bears his name. He has used it nearly one hundred times and with great success. He has a great number of calculi in his office, collected and preserved as rare specimens. He also has specimens of foreign bodies taken from the bladder which had been passed through the urethra in the act of masturbation. I noticed among other things a catheter, a large shoestring, and a portion of a candle-wick with concretions around it; a drawing of the stout leather shoestring may be seen in Prof. Gross's work on surgery.

Dr. W. has a very fine and extensive library containing many of the works of ancient authors on medical and other subjects.

He has a very costly set of Cuvier's works on Animal Nature. He also possesses some relics of ancient times in the way of obstetrical instruments. I noticed a pair of primitive forceps, perhaps invented by Chamberlain or Smelly. The blades are tied together with a string.

The doctor has a very extensive and finely arranged office, being divided into about five compartments. A greenhorn in search of knowledge might spend several days there with advantage.

The doctor is now sixty-five years old, and quite stout and active. He says he feels as strong as he did ten years ago, and is able to do a smart practice. He has a clinic of surgery every week at Bellevue and seems to do his work with as much dexterity and ease as a young man. He is very pleasant and sociable, and has pleasant reminiscences of Kentucky. He has visited that State several times, and was a great admirer of old Prof. Dudley and Henry Clay. He regarded Dr. Dudley as a great operator in lithotomy, and on one occasion, when on a visit to Lexington, he wished to see him operate. There being no patient of that kind on hand, Dr. D. told him if he would wait a few days he would have some in. So he sent out in one of the adjoining counties and had brought in two or three cases. He remarked that he believed the doctor had them scattered around on pasture.

He showed me a hickory cane with silver mounting presented to him by the late Gov. James T. Moorhead the last time he was in Kentucky. This cane was cut in the slashes of Hanover County, Va., where the great commoner was born. It has inscribed upon its head, "Cut in the slashes of Hanover." This relic is greatly prized by the doctor. He has the portrait of Henry Clay in his office—as fine a likeness of him as I ever saw.

In my next I will endeavor to give you some items of a more practical character.

NEW YORK, Dec. 26, 1881.

T. B. G., M.D.

AN EASY WAY TO ADMINISTER CASTOR OIL.—Take a moderate-sized wineglass; put in it a teaspoonful of sugar, four drops essence of peppermint, and two teaspoonfuls of water. With the finger rub the peppermint water all over the inner surface of the glass, and add the oil. Give it a whirl or two and give to the patient. It must be done quickly, but it is quite tasteless if the above directions are faithfully carried out.—*New England Med. Monthly.*

Reviews.

Lectures on Electricity (Dynamic and Franklinic) in its Relations to Medicine and Surgery By A. D. ROCKWELL, A.M., M.D., Electro-therapeutist to the New York State Woman's Hospital, etc. New York: William Wood & Co. 1881.

These lectures appeared first as a series in the Virginia Medical Monthly. To any one familiar with the larger work with which Dr. Rockwell's name is associated it will be deemed surprising that he should care to publish one comparatively inadequate in details and scope. The practical therapeutic applications of electricity could be discussed sufficiently in even a smaller work, but when electro-physics or electro-physiology are included in the author's range, the result is more like a summary than an instructive treatise. Students will not learn much concerning these latter divisions of the subject by merely reading the conclusions given in this work in the barest possible form.

The *tonic* and *soothing* virtues of general faradization are dwelt upon with the emphasis required to impress difficult conceptions on reluctant minds. The Franklinic *renaissance* is spoken of liberally, but gets little help from Dr. Rockwell. Mention is made briefly of the induction balance and galvanic accumulator.

The book is well written, excepting such slips as, "In *enuresis* it acts powerfully in decreasing excessive *waste*" (p. 26). There is no connection between incontinence and excessive waste.

A Treatise on the Habit of Opium and its Compounds, Alcohol, Chloral Hydrate, Chloroform, Bromide Potassium, and Cannabis Indica; INCLUDING THEIR THERAPEUTICAL INDICATIONS, WITH SUGGESTIONS FOR TREATING VARIOUS PAINFUL COMPLICATIONS. By Dr. FRED. HEMAN HUBBARD. New York: A. S. Barnes & Co. 1881.

Any work on this subject issued by a respectable publisher will probably experience a large sale and bring much correspondence if not pecuniary reward to its author. An acquaintance of ours reported good results in the treatment of the opium-habit by a certain procedure, and even now, after two years, he is the much-bored recipient of letters of inquiry from all parts of the country. If he were disposed to make use of this reputation as a "pot-boiler," doubtless profits would accrue.

This train of thought is excited by a pe-

rusal of the work before us—a work which may find an apology in the author's needs, but certainly not in the demands of the practitioners, for whom it is professedly written. We could overlook its rhetorical solecisms, its bad Latin, and errors of spelling if the matter was scientific in tone or contributed aught to the sum of knowledge.

After reading pathological explanations, which include "spasm of the nerve's periphery," we are not surprised to see that the thirst of the opium-user is referred to a complicated action of this agent upon the blood. The simpler explanation is passed by and this remarkable jumble given as science: the opium "superinduces a thickened state of the fibrin and brings about an accumulation of effete matter, which renders functional action through the medulla oblongata slow and laborious, and creates a demand for water by drying up the mucous coats of the mouth," etc. In another place a case of sudden death is attributed to revulsion of feeling causing *valvular insufficiency*. These indications of ignorance occur so frequently that they cease to be interesting.

The author treats by gradually reducing the opium and by substituting other narcotics and stimulants to relieve the craving. We question the value of this method when a permanent cure is expected.

Nervous Diseases, their Description and Treatment: A MANUAL FOR STUDENTS AND PRACTITIONERS OF MEDICINE. By ALLAN McLANE HAMILTON, M.D., etc. Second edition, revised and enlarged, with seventy-two illustrations. Phila.: H. C. Lea's Son & Co. 1881.

To the first edition of this book we accorded a reception favorable in the main. It deserves a still more kindly notice now. There has been added to it about one hundred pages of new matter needed to adequately note the progress of neurology. The chapters dealing with the highly interesting subject of localization have been much improved and enlarged. The diseases of the lateral columns of the cord, about which there still hangs much obscurity, have received close study from the author, and such conclusions as are justified at the present stage of knowledge are clearly expressed.

Dr. Hamilton's book is in size a convenient manual, while its scope is sufficiently ample for all practical purposes. It is cordially commended to students and practitioners.

Sectures.

ON THE TREATMENT OF THE DIFFERENT FORMS OF NERVOUS AND NEURALGIC HEADACHE.

BY WILLIAM HENRY DAY, M.D.,

Physician to Samaritan Hospital for Women and Children, London.

It is important to recognize the fact that nervous headache, or migraine, is purely neurosal, and not dyspeptic in its origin. The violent vomiting which often follows prolonged nausea is attended, it is true, with the vomiting of bile, but this is no indication in these nervous headaches that the liver is congested or even disordered. It merely points to the violence of the retching which causes the contents of the duodenum to regurgitate into the stomach, as in violent seasickness. There must be other accompaniments of hepatic disorder, as sallowness of skin, foul tongue, or clay-colored stools, with altered bile, to prove that the hepatic functions are primarily disordered. The more the brain is attacked as the source of the evil, and the less the stomach is worried with mercurials and aperients, the better, for by irritating the alimentary canal the general health is lowered, and the patient's increasing debility renders him or her the more liable to frequent recurring attacks. Put aside, then, the liver, and the stomach, and the intestines as the origin of the evil, and seek its explanation in some excitement or other alteration in the cerebral ganglia, for it is essentially cerebral. All successful treatment must be based on this understanding. The intimacy between nervous and neuralgic headache is so close that we have, however, to remember that nervous headache which may be entirely frontal for years does frequently become, with the lapse of time, trigeminal, or one-sided.

The treatment must be considered from two points of view: 1. That during the paroxysm; 2. That during the interval of freedom from acute suffering.

Treatment during the Paroxysm. This will in some measure depend on the severity and situation of the pain. If frontal and moderately severe the patient wanders about the house in misery, and is unable to do any thing. All the functions of the brain are disturbed, and life is almost unendurable. It is difficult to know how best to approach the enemy, for the remedy that will do good at one time will fail at another, and no amount of experience in the same individual even appears to help us. In some cases relief comes from the constant application of cold to the head when the pain is frontal, and the vessels are full and throbbing. Cold seems to contract the dimensions of the cerebral vessels by its actions on the nervous ganglia. The head should be elevated on a hard pillow, and a bottle of hot water applied to the feet so as to draw the blood toward the lower extremities. A nervous headache may now and then be cut short by a dram of the syrup of chloral, and this may be safely given if the head be hot and the pulse good—if, in short, there be vascular excitement, and the vessels of the brain are too full of blood. I have known this remedy bring relief over and over again to the same sufferer, either within a very short space of time or on awaking after sleep. If the pulse be small and contracted and the vessels of the head are full and throbbing—if in fact the capillaries are in a state of ten-

sion, while the hands and feet are cold, it is a good plan to put the patient into a warm bath at 97° for ten minutes, and then to bed. It is astonishing the relief this simple remedy sometimes brings, the skin becoming moist, the pulse softer and fuller, and the "opening and shutting" feeling in the head is diminished as the force of the circulation is lessened.

I may briefly direct attention to *guarana*. Now I can not say a great deal in its favor because I have not been very successful with it, and I seldom employ it. In many cases I have found that it has aggravated the nausea and vomiting, and rather increased than lessened the headache, while in a few cases it has proved serviceable, and cut short the headache when other remedies had failed. Perhaps it is that I have employed it in rather severe cases, which do not readily yield to any remedy, whereas in some mild cases it might prove beneficial. A few persons tell me they are never without the powders, taking some occasionally in a little water or tea when they are going out, and that it always averts a severe seizure.

If the pain continues in spite of all drugs taken by the mouth, if it defies emetics, stimulants, counter-irritants, absolute rest, cold to the head, and warmth to the extremities, then the patient at any risk and at any cost must have relief from suffering. Acute pain, depriving the patient for several nights of sleep, can not go on without inducing great nervous exhaustion, especially to women of anxious temperament, whose nervous power is not strong.

Chloroform inhalation will occasionally relieve a severe nervous and neuralgic headache when one drug after another has been tried in vain. It does it by inducing sleep. The patient has perhaps endured the most miserable discomfort in the head for a day or two, and the usual remedies afford no relief. Then toward night the pain is aggravated, and the patient can not obtain rest. A few drops of chloroform should be sprinkled on a piece of spongio-piline, and then cautiously inhaled. It ought only to be administered by a competent person, and the sufferer should not be allowed to do it of his own accord. Such a practice is about as bad as dram-drinking. I should consider myself very culpable if I allowed patients to do it themselves. It should only be attempted by a medical man, who would be as careful in its administration as if he were sending a person to sleep for a surgical operation. A person may be kept slightly under its influence for an indefinite period, and safely so, if the ordinary precautions are observed.

The utility of hypodermic injection of morphia in the acute forms of nervous and neuralgic headache is in my opinion under-estimated by the profession. It deserves to be placed in the first rank of all remedies for the relief of this agonizing affection when it has reached a certain crisis. It is impossible to over-estimate its value when there is nothing in prospect but an increase of pain, and a degree of restlessness and irritability over which the patient can exert no control whatever. Then the wakefulness adds to the exhaustion, and increases the pain. If the injection only brings temporary relief it enables the patient to recover strength a little, and to bear the return of suffering with some degree of fortitude. If not much exhausted it never makes her really worse, but it repeatedly diminishes or even cuts short the paroxysm altogether. Experience fully justifies me in saying that the hypodermic injection is most safely employed when the circulation and pulse are good, before the pain has caused much exhaustion. Given under these circumstances the patient, who just before has been

twisting and rolling about in agony for hours, will turn round in bed and fall off to sleep till morning, dozing perhaps the entire day following, being happy and composed, and scarcely caring to be disturbed to take a morsel of food. Still there are cases that yield to the subcutaneous action of the drug when there is great sickness and prostration, and the extremities are cold and the pulse is weak. If the patient has reached this terrible stage I believe we ought to use it in very small quantity, watching the patient meanwhile to guard against a comatose condition. One sixth to one fourth grain of morphia and one sixtieth to one thirtieth grain of sulphate of atropia will often send off a patient speedily into blissful rest. I usually employ double this quantity to a patient who has been a miserable victim to these nervous and neuralgic headaches. It has a most magical and instantaneous effect. The morphia when it acts in this way appears to lull and tranquilize the nervous system, to induce sleep at once, and that sleep is both restorative and refreshing. The atropia obviates the tendency to sickness, and is a most valuable addition.

The primary effect of the hypodermic injection is sedative—a condition in some degree retarded, if not in a few cases prevented, when the pain has so prostrated the system as to induce nausea and vomiting, or even collapse. Then the patient rests for a few minutes, or obtains a little sleep, but is soon disturbed by an increase of vomiting and return of the pain. Vomiting interferes with the action of the morphia by its partial ejection. A large portion, however, is absorbed into the blood, and by that means it exerts its action on the nervous centers.

In carefully considering the subject it is clear that there can be no valid objection to the employment of the drug, for acute pain must not be allowed to persist; this is the first symptom that demands relief, and it is of supreme importance to check it.

The substantial point is, Does the remedy cut short the paroxysm? It does unquestionably. Is there any condition that contraindicates its employment? No! There are certain drawbacks to the use of the drug which ought to be kept in mind. If the patient has been suffering for many days, and there is much pressure and exhaustion; if the pulse be slow and weak, as it often is, and a very limited supply of food has been taken, then it must be used with caution. But I maintain that we can not stand by and see the patient hour after hour in pitiable agony, and do nothing.

2. *Treatment during the Interval of Freedom from Acute Suffering.* This consists in endeavoring to correct any disorder of the general health, for until this has been attended to no special drug for the relief of the head will be of any service. If there be menorrhagia, or bleeding piles, leucorrhœa, uterine or ovarian disease, these conditions must be first attended to, and until they are relieved the headache is certain to continue. I can not now enter into details, but they will be apparent to every intelligent practitioner. The avoidance of fatigue, excitement, and all other common causes of headache, with a rigid dietary, is sometimes efficacious in warding off these attacks. If the brain be overtaxed in any way, and certain articles of diet and fermented liquors are indulged in they disorder the stomach, and forthwith throw the nervous system off its balance.

Now, change of place and scene has a most important bearing on the treatment of nervous headache. Some persons suffer mostly at home where they can not escape the daily anxieties and duties of life; and

others suffer when on a damp soil, and during the prevalence of cold winds.

Having made our diagnosis of the particular form of headache, and selected our remedy, we ought to give it a fair trial. A remedy should not be lightly abandoned in chronic disease, for over and over again it will be found to cure when persevered with, and the system is slowly brought under its influence. The tendency is to hastily exchange it for some other if it fails to do good at once, but this is an error to be avoided.—*Med. Times and Gazette.*

Formulary.

EFFERVESCING DRAUGHT OF BROMIDE OF POTASSIUM IN VOMITING.

Dr. Chéron (*La France Medicale*), having tried various remedies in that form of vomiting which accompanies ovaro-uterine complaints in women, finally settled upon the following:

R Potass. bicarb.....	℥ ss;	2.00 Gm.;
Aque.....	fl.℥ ij;	60.00 fl.Gm.;
Potass. bromidi.....	℥ ss;	2.00 Gm.
R Acidi citrici.....	℥ j;	4.00 Gm.;
Aque.....	fl.℥ iv;	120.00 fl.Gm.;
Syrupi simplicis.....	fl.℥ x;	40.00 fl.Gm.

M. Pour a teaspoonful of the first preparation into a glass and add a tablespoonful of the second; stir them together and drink while effervescing. The dose may be repeated every hour or every half hour, but the amounts given in the above prescriptions represent the total quantity to be taken in the twenty-four hours.—*Medical Times.*

STEARATE OF BELLADONNA.

Mutton tallow.....	5 parts;
Lard.....	2 "
Lead plaster, hard.....	2 "
Extract of belladonna.....	1 "

Melt the first three articles together, and when coagulating add the extract previously triturated with a mixture of equal parts of glycerin, alcohol, and water, until of a syrupy consistence. Mix thoroughly. Prepare stearates of conium, digitalis, and hyoscyamus in the same manner.—*The Druggist.*

FORMULA FOR BROMIDIA.

Potassium bromide...	} AA ℥ iv; 120.00 Gm.;
Chloral hydrate.....	
Ext. hyoscyamus.....	} AA gr. xvj; 1.06 Gm.;
Ext. cannabis indica..	
Alcohol.....	fl.℥ ij; 60.00 fl.Gm.;
Water, q. s. to make....	Oj; 473.11 fl.Gm.

—*Kelner's Compendium.*

CATHARTIC ENEMA.

R Senna pulv.....	} AA ℥ j; 30.00 Gm.;
Magnesii sulph.....	
Aque bullentis.....	Oj; 946.38 fl.Gm.

M. Steep for twenty minutes and strain; then inject the whole gently with the hips raised.—*New England Med. Monthly.*

CORN SMUT is recommended as a substitute for the ergot of rye.

Miscellany.

PARANGI—A NEWLY-DESCRIBED DISEASE. A peculiar contagious disease called frambesia, or the yaws, has long been known to exist in Africa, the West Indies, and the northern parts of the British Islands. It is chronic in character and is distinguished by the development of raspberry-like tumors of granulation tissue on different parts of the body.

A disease of a somewhat similar, but severer type, has for many years prevailed in Ceylon. Even less was known of this affection than of its supposed congener, until a recent careful report upon the subject, by Mr. W. R. Kinsey, Principal Civil Medical Officer of Ceylon.

The disease in question is called "parangi," and is defined by Mr. Kinsey (*British Med. Journal*) as a specific disease produced by such causes as lead to debilitation of the system; propagated by contagion, generally through an abrasion or sore, but sometimes by simple contact with a sound surface; marked by an ill-defined period of incubation, followed by certain premonitory symptoms referable to the general system, then by the evolution of successive crops of a characteristic eruption which pass on in weakly subjects into unhealthy and spreading ulcers whose cicatrices are very prone to contraction; running a definite course; attacking all ages, and amenable to appropriate treatment.

The disease seems to develop especially in places where the water-supply, which in Ceylon is kept in tanks, is insufficient or poor. The bad food, dirty habits, and generally unhygienic mode of life of the people help on the action of the disease.

Parangi when once developed spreads generally by contagion from the discharges of the eruptions and ulcers. The natural secretions do not convey the poison. The disease may be inherited also.

In the clinical history of the disease there are, according to Mr. Kinsey, four stages. The first is that of incubation. It lasts from two weeks to two months. A sore will be found somewhere on the body at this time, generally over some bony prominence. The second is the stage of invasion, and is characterized by the development of slight fever, malaise, dull pains in the joints. As this stage comes on the initial sore heals. This second stage lasts only from two to seven days, and ends with an eruption which ushers

in the third stage. The eruption appears in successive crops, the first often showing itself on the face, the next upon the body, and the last on the extremities. This eruptive stage of the disease continues for several weeks or months, and it ends either in convalescence or the onset of a train of sequelæ which may prolong the disease for years.

Parangi may attack any one, though the poorly fed and housed are more susceptible. One attack seems to confer immunity from another.

Although some of the sequelæ of the disease are most painful, yet death does not often directly result from them, nor is parangi itself a fatal disease. Persons who have had parangi and passed safely through it are not left in impaired health at all, but often live to an old age.

The similarity of the disease, in its clinical history, to syphilis is striking. Mr. Kinsey, however, considers it as we have stated—allied to, if not identical with, frambesia.

—*Medical Record*.

THE DEVELOPMENT OF A SINGLE BREAST IN GIRLS.—M. Desprès took occasion of the presence of a girl at his clinic to draw the attention of his class to a circumstance that causes alarm to mothers, and is sometimes judged wrongly of even by physicians. This was an example of the development of only one breast at the age of puberty, when the belief is often entertained that this arises from the presence of a tumor. This girl was thirteen years of age, and was brought to the hospital under the idea that she had a tumor of the right breast, the left one not yet having undergone any change. Her attendant had prescribed iodide of potassium. M. Desprès at once assured the mother that it was only the natural development of the organ, and would be soon followed by the appearance of the menses and the development of the other breast. He observed to his class that while it is natural for mothers to be deceived in these cases, it should be impossible for the surgeon to be so. In fact there exists under the breast a regular prominence in the form of a movable disk on the chest, without the slightest adherence to the skin, and accompanied by no pain whatever. The nipple is exactly in the center of the tumefaction, and although the developing gland is resistant, it is never irregular and never presents lumps. A tumor of new formation, such as a sarcoma, is always harder and is never found exactly in the center of the mammary region.—*Gaz. des Hôp.*

A BISMUTH CALCULUS IN THE STOMACH.—Lazaro Papini reports, in the *Revista Clin. di Bologna* (*Deutsche Med. Zeitung*), an interesting case illustrative of a hitherto unobserved result of too free use of bismuth. The patient, a woman of about sixty years, presented herself at the clinic on January 5th in a condition of rapid decline. Her weight was only forty-four kilograms (about ninety pounds). On the 2d of March she died. During these two months of her abode in the hospital she took no bismuth, but it is probable that for a long time previous she had taken it in large doses. The autopsy revealed a stomach of normal size. At the first portion of the greater curvature the cavity of the stomach was filled by a slimy mass of the consistence of firm jelly, which consisted of one half kilogram of bismuth mixed with mucus. In the lesser curvature, distant three finger-widths from the pylorus, was found a crater-like ulcer, five centimeters in diameter, with hard borders of about the size of the forefinger, except toward the back portion of the pylorus, where it was a little smaller. Microscopic examination of the marginal portion of the ulcer showed it to be carcinomatous in structure. The author is not aware of a similar case having ever been reported.—*Lancet and Clinic*.

A SUCCESSION OF CYANOTIC INFANTS.—A correspondent writes to the *British Medical Journal*: On October 3d I attended a woman in her fifth labor, which terminated naturally as far as the mother was concerned. Immediately on the expulsion of child I proceeded to ligature the cord. The child, which to all appearance was healthy and well formed, began to assume a livid appearance and gave a convulsive gasp. I removed the ligature and allowed about thirty drops of blood to escape, which had the desired effect. I had difficulty in maintaining respiration artificially, which had to be carried on for nearly three quarters of an hour. On calling again later in the day the child's hands, feet, nose, and ears were quite blue. The whole body gradually assumed a bluish-purple hue, and death ensued twelve hours after birth. The certified cause of death was "cyanosis." I made inquiries about the four previous labors. In three she had been attended by a woman, and in each case the child became very dusky in color and died immediately; in the fourth case she was attended by a professional man, and the child lived three months, but at times exhibited cyanotic symptoms.

CHOREA IN THE AGED.—Dr. W. Sinkler believes this disease is not so rare in the old as is commonly supposed. It is often mistaken for senile trembling or paralysis agitans. He relates two striking examples in a male and female, aged eighty-six and eighty-two respectively. One recovered in a few months, the other remained the same after two and a half years. There was no dementia in either case. Organic heart-disease was present in both. The disease resembles that of childhood, but the movements are less violent and varied. Senile trembling is generally confined to the head, and is a continuous tremor; in paralysis agitans the tremor is slight at first and under control, generally increasing in extent and violence with loss of power in the parts. The tremor of sclerosis occurs during voluntary effort, and is connected with loss of muscular power.—*Journal of Nervous and Mental Diseases*.

THE TREATMENT OF SNAKE-BITES.—It is reported from India that Dr. Vincent Richards, of Bengal, who was a member of the committee for the investigation of snake-poisoning, and is joint author of Reports on Indian and Australian Snake-poisoning, has commenced a series of experiments to test the efficacy in cobra-poisoning of Dr. Lacerda's plan of injecting permanganate of potash; and that he states that the experiments, although not absolutely conclusive, have yet, so far as they have gone, led to much more hopeful results than any previously instituted, and believes that the ground for hoping for a practical remedy has at last been found. Unquestionably the progress of Dr. Richards's experiments will be watched with much interest.—*Med. Times and Gaz.*

INTRAVENOUS INJECTION OF THE VIRUS OF RABIES.—Dr. Galtier has been following the line of Pasteur's experiments with the poison of rabies. He reports that he has injected the virus into the jugular vein of several animals, and has never observed any symptoms of hydrophobia in them. Furthermore, he has used these animals for other experiments, and has inoculated them with the same virus by other methods, but none have contracted the disease. He states that he is now on the eve of demonstrating that if an intravenous injection of the virus be made within one or two days after the bite or inoculation the disease can be prevented.—*Translated from the French by L. S. Oppenheimer, M.D.*

Selections.

Treatment of Abscess of the Liver.—Henry Veale, M.D., Assistant Professor of Military Medicine, Netley, writes to the *Lancet*:

Considerable diversity of opinion has of late years existed with regard to the best method of treating abscess of the liver. It is agreed that when pus has formed it should be evacuated if possible; but there seems to be no rule for deciding whether in any given case the evacuation should be effected by aspiration, by the insertion of a large trocar and cannula, with subsequent antiseptic drainage, or by incision under the antiseptic spray, followed by Listerian dressings. That the last method is effectual when it can be carried out no one will doubt; but it has the disadvantage of entailing a surgical procedure which may not only require much operative skill, but may also be attended with so much hemorrhage as to be dangerous to the life of the patient. The treatment by the trocar and cannula is easiest, but it is certainly painful, owing to the necessity for repeatedly dilating or otherwise enlarging the opening, while the dressings must be conducted with all that care that is required for the method by incision.

The objections to the treatment by aspiration are, first, that there is sometimes a difficulty in withdrawing the purulent matter through the aspirating needle; second, that the operation must be repeated more or less frequently, and that the constitution of the patient may suffer from the profuse discharge of pus after such repeated tapplings; third, that notwithstanding repeated aspirations the treatment often proves ineffectual, and that incision, or the insertion of a large trocar and cannula, must after all be had recourse to in such cases. But to these objections it may be replied that even when the finest of aspirating needles is introduced into a cavity containing pus some of the latter will almost certainly flow through it, and it is only when the cavity has been emptied of the more fluid portion of its contents that the needle becomes obstructed. Besides, there is no necessity to restrict oneself to the use of such small needles as the No. 1 or No. 2 in aspirating a liver-abscess. A No. 3 or even a No. 4 needle, if of the proper shape, may be employed with perfect safety, and I have never known a No. 4 needle to become obstructed. When the needle has a pen-shaped point it stretches and tears the tissues through which it passes; but if its point is chisel-shaped, as it ought to be, it seldom does any harm, even when of large size. Next, it may be conceded that in the majority of cases an abscess of the liver can not be cured by one or two aspirations; but I see no reason why the secretion of pus should, on the whole, be greater when the cavity is emptied by aspiration than when it is laid entirely open. Such a cavity must contract and close by slow degrees, even when there is constant drainage; but in this case the discharge soaks into the dressings, and is not measured; whereas when we aspirate we seldom fail to measure the quantity withdrawn, which then makes a great impression on our senses. Finally, it is possible that we may fail to cure a liver abscess by aspiration alone; but if the aspiration has been conducted on sound principles I believe it will be found to have hastened, not to have retarded the ultimate recovery.

On what principle then should the aspiration be conducted? The answer to this question is that the aspirating needle must be regarded as a substitute for

the drainage-tube, and it must be inserted as often as the circumstances of the case may require. The abscess cavity should never be allowed to refill to any considerable extent. As a general rule there is a decrease of pain and of fever after a successful aspiration, and the next aspiration ought to be made before the pain and fever return. Under this treatment the cavity will certainly contract, and may close completely; but even if a cure be not at once effected a great deal will have been gained, for there will remain only a small cavity instead of a large one to be dealt with when the open method of treatment is had recourse to.

The advantages of aspiration over the open method are its comparative painlessness, the ease with which it can be performed, and its applicability to all abscesses, irrespective of their site or direction, whereas the open method is suitable chiefly, if not solely, for those abscesses which point toward the anterior abdominal wall, and scarcely at all for those which form upon the upper surface of the liver and point toward the right lung. It is not always easy, in cases where fluctuation can not be perceived, to decide whether or not an abscess exists. Edema around the lower intercostal region upon the right side, immobility more or less complete of the right lower ribs, pain in the shoulder or between the scapulae, inability to lie on the left side, absence of the special signs of pleuritic effusion, and the antecedents, are the diagnostic points of chief importance. Dr. Hammond, of New York, has recently stated that when abscess exists fluctuation can usually be perceived by placing two fingers of the left hand in the eighth intercostal space on the right side, a little in front of the mid-axillary line, and gently percussing with the fingers of the other hand a little above and to the right of the umbilicus. I have tried this method on many occasions where abscess pointing upward toward the thorax undoubtedly existed, but without being able to detect fluctuation. In reality, when there is a well-grounded suspicion of hepatic abscess the insertion of the aspirating needle affords the best means of making a correct diagnosis. The needle should be entered in the eighth intercostal space, except when there is a distinct prominence elsewhere, somewhat in front of the mid-axillary line, and it should be passed in a somewhat upward direction to the depth of three or four inches if pus is not found before. If no purulent matter is found it is advisable to wait a day or two before exploring again. The needle should then be passed in another direction, and will often discover the abscess.

A Critical Examination of Some Hooping-cough Remedies.—Prof. Otto Huebner (*Deutsche Mtd. Wochen.*, from *Jour. f. Kinderkr.*) has made an investigation of the five most highly recommended remedies in hooping-cough, namely, bromide of potassium, quinine, hydrate of chloral, salicylic acid, and belladonna, with a view to ascertaining their exact therapeutic value. Heubner prefaces his paper with the remark that it is much more timely to make a thorough examination of the effect and value of such remedies as we now possess than to go hunting after new specifics. He selected hooping-cough because it is easy to diagnose with certainty. In addition to this the cases to be studied were taken from patients in the same neighborhood and social position, from uncomplicated cases, and from all the cases as they presented themselves at his clinic.

The remedies used, except belladonna, were such

as are apt to be obtained of uniform character, thus eliminating one element of doubt. The action of the remedies was studied in three directions: (a) in relation to the intensity of the individual attacks, (b) in relation to the frequency of the attacks within a given period of time, and (c) in relation to the entire duration of the disease. Six weeks was taken as the average duration of the disease; and if the medicine failed to shorten this the result was counted negative, while if the duration of the disease was shortened it was counted positive. Forty-four uncomplicated cases of whooping-cough were studied.

The drugs were given as follows: Bromide of potassium in doses of 0.5 to 0.3 gram in watery solution per diem. Quinine was given in solution or in powder in the dose of 0.3 gram per diem. Chloral hydrate was given in two cases in broken doses, in the other cases in enema, in the dose of 0.3 to 1 gram per diem. Salicylic acid was given in one case in the form of salicylate of sodium inwardly; in the other cases it was inhaled as spray in a one-third- to one-half-percent solution, 0.1 to 0.15 gram of salicylic acid being inhaled at each sitting. Belladonna was usually given as the powdered extract in doses of 0.015 to 0.06 gram per diem.

The results of Heubner's investigations are given in the following table:

INFLUENCE ON THE ATTACKS.		
	Positive.	Negative.
Salicyl. inhal.....	10	7
Chloral	6	4
Belladonna	4	4
Quinine	5	6
Bromid. potas.....	9	14

INFLUENCE IN SHORTENING THE DISEASE.		
	Positive.	Negative.
Belladonna	3	5
Quinine	3	8
Chloral	2	8
Salicylic	2	15
Bromid. potas.....	0	23

From the above table of cases it appears that salicylic acid is about eight times as likely to be useful in diminishing the frequency and severity of the attacks as is bromide of potassium. Salicylic-acid inhalations are therefore the best means of shortening and diminishing the attacks, while belladonna and quinine have the best effect in abbreviating the duration of the disease. It must be remembered, however, that the best of these remedies fail to diminish the number of attacks by one half, and any new remedy which may be brought forward should be carefully put to the proof by these methods.

Nymphomania Cured by Double Oöphorectomy.—The North Carolina Med. Journal for June, 1881, contains the report of a case by Dr. T. B. Wilkerson: Miss N. P., of Virginia, aged nineteen, of a nervo-sanguine temperament, with a disposition to melancholia on the father's side, a well-developed brunette, highly educated, and wealthy. Menstruated first at fifteen years of age; the flow was regular for eight or nine months, after which time there was a cessation of the discharge, the patient suffering from amenorrhea. At the age of sixteen there was a return of the monthly molimen, attended with severe neuralgic dysmenorrheal symptoms. The continuance of these symptoms did not seem to impair the general health; the appetite was good, but the bowels were

generally constipated. She was fond of dancing, and ever ready to engage in the various innocent amusements of the young, with no marked desire for the company of men, but always maintaining a modest, dignified demeanor. About the age of seventeen, just prior to one of her monthly periods, she attended a gathering of young people, necessarily being thrown into the society of young men for several nights and days. After the subsidence of the flow she became morose and irritable, easily disturbed by the least noise, complaining of a dizzy buzzing feeling in the head. She would frequently break forth from this deep somberness into wild hysterical laughter; her conversation became lascivious in character; she grew disobedient to her parents, finally ignoring her mother and father; she became a raving maniac, with sexual ideas always in the ascendant. There was a destructive tendency manifested toward every thing surrounding her. This lady had been subjected to the best medical treatment obtainable for two years without any benefit. Battey's operation was proposed, and with the consent of the parents the operation was performed on August 10, 1880. The upper surface of the ovaries presented a pale and corrugated appearance; the lower part was of a deep pinkish hue. There was little shock and no nausea. Small doses of opium, quinine, and carbolic acid were administered, and but little food was allowed for the first forty-eight hours, small pellets of ice being given when desired. The patient was confined principally to a milk-diet with lime-water during the after-treatment, and small quantities of iced champagne occasionally. At the expiration of three weeks she had entirely recovered from the effects of the operation. There was a gradual change for the better in the mental condition; this improvement continued; and three months after the date of operation sanity was perfectly restored. She has remained perfectly well.

Arsenic Internally and Subcutaneously in the Treatment of Lymphoma.—A woman of sixty-five had difficulty in swallowing and breathing, and suffered from general feebleness, deafness, etc. Her condition was cachectic. Examination revealed a tumor in the posterior pharynx, filling up the nasal and pharyngeal cavities. The submaxillary and axillary glands were also swollen and hard. These growths were made to disappear, and the woman was regarded as cured in five months. This remarkable result was accomplished by the combined internal and parenchymatous administration of Fowler's solution. The arsenic was given in large doses, mixed with acetated tincture of iron, from eight to twenty-five drops three times a day. In this way twenty-eight grams were consumed in the course of the treatment. The injections consisted of equal parts of Fowler's solution and distilled water, of which there was injected from one to three tenths of the capacity of a Pravaz syringe (about three to nine minims). There was but little reaction of the general organism, but a marked acceleration of the pulse. Locally the tumors increased considerably in size with the first injections, but after the second week rapidly declined. —*Berl. Klin. Woch.*

[Czerny has employed the method of Billroth described above in the cure of a glandular lymphomata. In six months he obtained a complete cure of a case in which the patient had taken seven hundred and forty-six drops and had received seventy-six injections of ten drops each.—*Wien. Med. Wochens.; Michigan Medical News.*]

Constipation in Infants.—The following are some of the remedies found useful by Dr. D. H. Cul-limore (London Lancet): 1. A pellet of butter and brown sugar or treacle every morning fasting or a little raspberry jam. 2. The morning insertion into the rectum of a conical piece of white curd soap about two inches and a half long. It must be first dipped in warm water, held *in situ* for five minutes, and withdrawn. 3. Daily friction over the body, from the right iliac region along the course of the gut, with a little salad oil. In India I have used coconut oil advantageously. Cod-liver oil is very useful when its smell is not objected to. *En passant*, I may say that I have at present under my care a girl of fifteen who for a couple of months has suffered from obstinate constipation. She has lately had typhoid. Both mild and strong purgatives were ineffectual, and it has now yielded to cod-liver-oil friction. Assiduous friction without any unguent is often equally useful. Patience, however, is necessary. A teaspoonful of fluid magnesia in the food is a good plan. Tomato jelly is sometimes used in India with benefit. Whatever plan may be adopted it is well to supplement it with the internal administration of half a drop of tincture of nux vomica three times a day; a quarter of a drop is sometimes sufficient. Minute doses of sulphur also answer well.

Psoriasis from Borax.—Among the cutaneous eruptions which may result from the administration of drugs, psoriasis has not, according to Dr. W. R. Gowers (London Lancet), been hitherto included. The following facts which he narrates show that an eruption of characteristic psoriasis may result from an internal administration of borax. The facts have been met with in the use of borax in the treatment of obstinate cases of epilepsy in which bromide fails. The first instance was in the case of a man who had taken borax for nearly two years in doses of first fifteen grains and then a scruple three times daily. An eruption of psoriasis made its appearance on his limbs and trunk, developing to a considerable extent in the course of a few weeks. Five minims of arsenical solution were added to each dose of borax, and the eruption rapidly disappeared. Shortly afterward Dr. Spencer, of Clifton, in mentioning to me a case of epilepsy in which he had given borax with advantage, inquired if I had met with any inconvenience from its use. I told him of this case, in which I thought it possible that the psoriasis was produced by the borax, and he informed me that in his patient the same eruption had just appeared. In this case also the rash rapidly cleared away under the influence of arsenic, and a few weeks later Dr. Spencer wrote to me, "I have not the slightest doubt that the borax caused the psoriasis or that the arsenic cured it." A third instance has lately come under my notice. The patient was a young man who had suffered from epilepsy since infancy, and who was always rendered worse by bromide, so that he was brought to me with the request that bromide might on no account be given. He took borax, first fifteen grains and then a scruple three times a day, with greater benefit than had resulted from any previous treatment, and after eight months an eruption of psoriasis appeared. Arsenic was added, but the result of treatment has not yet been ascertained.

The eruption in these cases occurred on the trunk, arms, and legs, but more on the arms than elsewhere. The face was free. It was located on both the flexor and extensor aspects. The patches varied in size, up

to an inch and a half in diameter. Their appearance is quite characteristic, but the scales were not quite so thick as they sometimes are in ordinary psoriasis. In no case was there a history of syphilis, and in Dr. Spencer's patient syphilis could with certainty be excluded.

Action of Duboisia on the Circulation.—Dr. Gibson has a memoir on this subject in the Journal of Anatomy and Physiology. The properties of duboisia have been investigated by Mr. Tweedy, Dr. Ringer, and Dr. Fraser, and they have shown that it dilates the pupil, dries the mouth, quickens the pulse, arrests perspiration, produces headache, causes drowsiness, and finally induces tetanus. The conclusions at which Dr. Gibson has arrived are: 1. That duboisia in quantities not exceeding 0.005 gram raises the arterial blood-pressure without materially affecting the pulse-rate. 2. In quantities not exceeding 0.05 gram it diminishes the blood-pressure and lessens the pulse-rate. 3. In quantities of 0.05 gram and upward it causes death, with the heart in a state of diastole. 4. Upon the heart itself duboisia has but little action, except in very large doses—i. e. doses of more than 0.05 gram—and it then causes arrest of the heart in diastole. 5. Duboisia stimulates the central inhibitory mechanism. 6. The alkaloid paralyzes the peripheral inhibitory apparatus. 7. Duboisia stimulates the central vasomotor apparatus and causes contraction of the arterioles in small doses; in large doses it lowers the activity of the central vasomotor mechanism and dilates the arterioles. 8. Duboisia has no influence over the sympathetic nerve.

Quebracho.—Dr. Stewart (Canada Med. Journal) says: First introduced by Penzoldt, it has been found to be a decided palliative in many cases of dyspnea. It is especially valuable in the dyspnea of emphysema and chronic bronchitis. In dyspnea depending upon valvular insufficiency its value is questionable. Penzoldt has lately experimented with an alkaloid which is obtained from this bark. It is called *aspidospermin*, and occurs in small, white, prismatic crystals. Ten milligrams of a one-per-cent solution of this alkaloid caused complete motor paralysis in frogs, with marked reduction of both pulse and respiration. Penzoldt administered it to eight patient suffering from dyspnea due to various causes. In all there was considerable relief; in two this was very marked. According to Penzoldt it has an undoubted influence over dyspnea, especially that attending emphysema, but is inferior to the quebracho itself. Dr. Picot of Carlsruhe used a tincture of the quebracho bark while doing some mountain climbing, with the result that he could climb with much greater ease and comfort. He has also used it in patients suffering from dyspnea, and found it act well. In the same number of the *Berl. Klin. Woch.* Berthold recommends it highly. Flint has used it with success also.

Hot Water in the Treatment of Hemorrhoids.—Landowski (*Chl. f. Chir.*, from *Jour. de Thér.*) suggests hot sitz-baths in bleeding piles, together with enemata of hot water. These not only check the bleeding but diminish the size of the tumescence tumors to a marked degree. In ordinary hemorrhoids three sitz-baths per diem may be employed. In bleeding piles the baths should be more frequent, and the enemata should be given as hot as the patient can bear (usually about 104°).

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